

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791 /
1008 /29519
Do not use this space.

10506

1. PLACE OF DEATH **Homer G Phillips Hospital**
- (a) County..... Registration District No.....
- (b) Township..... Primary Registration District No.....
- (c) City **St. Louis** (d) Street No. **2601** **N. Whittier** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred **33** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Louisa Bolton**
- (a) Residence, No. **1611 R Franklin** St. **23**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Thomas H Bolton**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 5, 1867**

7. AGE YEARS **70** MONTHS **1** DAYS **2** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Domestic**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

13. NAME **James Johnson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

15. MAIDEN NAME **Lucy Palmer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

17. INFORMANT (ADDRESS) **Evelyn Hilliard**
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson** DATE **Nov 11** 1937

19. FUNERAL DIRECTOR (ADDRESS) **A. L. Bear**
2726 Lucas Ave

20. FILED **NOV 12 1937** 19 **J. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 7** 1937

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 27**, 1937, to **Nov. 7**, 1937

- I last saw her alive on **Nov. 7**, 1937. Death is said to have occurred on the date stated above, at **1:10** m. a.m.

The principal cause of death and related causes of importance were as follows:

Degenerative heart disease

Date of onset
10/27/37

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) **J. B. Harris**, M. D.

(Address) **2601 N Whittier**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Birdie Beal Anderson, Licensed Embalmer No. 2929

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Birdie Beal Anderson

Licensed Embalmer No. 2929

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)